Complete Summary

TITLE

Major depression in adults in primary care: percentage of patients whose symptoms are reassessed by the use of a quantitative symptom assessment tool (such as Patient Health Questionnaire [PHQ-9]) within three months of initiating treatment.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 May. 81 p. [201 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the <u>Measure Validity</u> page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients whose symptoms are reassessed by the use of a quantitative symptom assessment tool (such as Patient Health Questionnaire [PHQ-9]) within three months of initiating treatment.

RATIONALE

The priority aim addressed by this measure is to improve the frequency of assessment of response to treatment in patients with major depression.

PRIMARY CLINICAL COMPONENT

Major depression; symptom reassessment; quantitative symptom assessment tools (such as Patient Health Questionnaire [PHQ-9])

DENOMINATOR DESCRIPTION

Number of primary care patients reviewed greater than 18 years with new diagnosis* of major depression with initial quantitative symptom assessment tool (such as Patient Health Questionnaire [PHQ-9]) documented

*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

NUMERATOR DESCRIPTION

Number of patients whose symptoms are reassessed by the use of a quantitative symptom severity scale instrument (such as Patient Health Questionnaire [PHQ-9]) within three months of initiating treatment

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

 A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

Major depression in adults in primary care.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Depression is common, with a lifetime risk for major depressive disorder of 7% to 12% for men and 20% to 25% for women.

EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 May. 81 p. [201 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

- Women (see "Incidence/Prevalence" field)
- Depression in the elderly is widespread, often undiagnosed and usually untreated. Depression in adults older than 65 years of age ranges from 7 to 36 percent in medical outpatient clinics and increases to 40 percent in the hospitalized elderly.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 May. 81 p. [201 references]

BURDEN OF ILLNESS

- The estimate of the lifetime prevalence of suicide in patients ever hospitalized for suicidality is 8.6%. The lifetime risk is 4% for affective disorder patients hospitalized without specification of suicidality.
- The lifetime rate of suicide attempts is 7% in uncomplicated (no other psychiatric diagnosis) panic disorder and 7.9% in major depression. 19.8% of patients with comorbid panic disorder and major depression have attempted suicide.
- Persons with major depression have a 4.8 times greater risk for work disability than asymptomatic individuals and report significantly poorer intimate relationships and less satisfying social interactions.
- Major depression is associated with an increased risk of developing coronary artery disease, and has also been shown to increase the risk of mortality in patients after myocardial infarction by as much as four-fold.

EVIDENCE FOR BURDEN OF ILLNESS

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 May. 81 p. [201 references]

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Adults greater than 18 years with a new primary care diagnosis* of major depression

Claims, encounter data, scheduling information, or list of diagnosis codes from other automated sources may be used to identify those patients who meet the inclusion criteria for this measure. A random sample of 20 patients is suggested. The medical record will be reviewed to determine if Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV TR) criteria are documented as used. The presence of narrative comments reflecting application of DSM-IV TR criteria as making the diagnosis is acceptable evidence for this measure.

The suggested time period for data collection is a calendar month.

*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of primary care patients reviewed greater than 18 years with new diagnosis* of major depression with initial quantitative symptom assessment tool (such as Patient Health Questionnaire [PHQ-9]) documented

Suggested International Classification of Diseases, Ninth Revision (ICD-9) codes include: 296.2x, 296.3x

*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

Exclusions Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Diagnostic Evaluation

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients whose symptoms are reassessed by the use of a quantitative symptom severity scale instrument (such as Patient Health Questionnaire [PHQ-9]) within three months of initiating treatment

Exclusions Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Patient Health Questionnaire (PHQ-9)

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV TR)

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients whose symptoms are reassessed by the use of a quantitative symptom assessment tool (such as PHQ-9) within three months of initiating treatment.

MEASURE COLLECTION

Major Depression in Adults in Primary Care Measures

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 May

REVISION DATE

2006 May

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 May. 78 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 May. 81 p. [201 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of patients whose symptoms are reassessed by the use of a quantitative symptom assessment tool (such as PHQ-9) within three months of initiating treatment," is published in "Health Care Guideline: Major Depression in Adults in Primary Care." This document is available from the Institute for Clinical Systems Improvement (ICSI) Web site.

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

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